

<p>Local guardian (If parents/family living outside LUCKNOW)</p>	<p>Name :</p> <p>Address :</p> <p>Phone : Mobile:</p> <p>Email</p>
<p>Family Income Rs. p.m.</p>	
<p>Details of person responsible for making payments to Richmond Fellowship</p>	<p>Name :</p> <p>Address :</p> <p>Phone : Mobile:</p> <p>Email PAN No.:</p>
<p>Any history of:</p>	<p>Attempted suicide :</p> <p>Running away from home :</p> <p>Indulging in anti-social activities/violation of law:</p> <p>Violence :</p> <p>Unwillingness to take medication:</p>
<p>History of mental illness in the family, if any</p>	
<p>How is person's mental illness affecting other family members?</p>	
<p>Any serious or chronic physical illness/whether client is on any medication for physical illness</p>	
<p>Any communicable disease or transmissible problem which can affect others</p>	
<p>Reason for seeking admission to the Fellowship</p>	

Previous work history (if any)	Last occupation : Name of office/company : Nature of work : Work performance: Reason for discontinuation(if discontinued) : Further details, if any : If unemployed, specify duration:	
Plan after discharge from the Fellowship		
Areas of therapeutic Intervention you would like to be addressed	Personal hygiene Interpersonal Relationship Work habits Time management Marital therapy Crisis management Emotional reactivity	Social Skills Money Management Leisure activities Family therapy Home management skills any other

Enclosures:

1. Two photographs of patient-one passport size & one post-card size
2. Declaration of understanding and acceptance of terms & conditions by patient as well as parent or guardian. If parents/family is not residing in Lucknow, this should be signed by a local guardian. The declaration should also be signed by person responsible for making payments.
3. Psychiatrist's referral form.
4. Draft/Cheque/Cash for amount Rs. 500/= towards Processing Fee drawn in favour of "The Richmond Fellowship Society Lucknow Branch" payable at Lucknow.

Remarks of Admission Committee

PSYCHIATRIST'S REFERRAL FORM

Particulars of Treating Psychiatrist	Name : Address of hospital/clinic: Phone : Mobile: Fax : email:
Name of Patient	
Age	
Diagnosis	
Duration of illness	
Reasons for referral	
Current symptoms	
Last hospitalization Details	
History, if any of	Epilepsy Mental retardation Violence Anti-social tendencies Attempts to run away from home Suicide Attempts Social withdrawal, isolation and reclusiveness Substance abuse (Name of drugs, if abstinent for how long)
Current treatment	Description : Possible precautions & side effects:

RECOMMENDATION

Mr./Mrs./Miss.....has been under my care since.....

I recommend that this patient be admitted to Halfway Home and Day Care Center of The Richmond Fellowship Society (India) Lucknow Branch.

I am willing to continue providing psychiatric support to the patient on regular visits to my clinic/hospital. In case of emergency he/she can be attended by a local psychiatrist.

Signature with Stamp

Name :

Declaration of Understanding and Acceptance of the conditions pertaining to the Admission for a residential stay at RFS (I) Halfway Home at Gomti Nagar

(To be signed by Parent. If parent is not a resident of Lucknow, a Local Guardian from Lucknow should also sign)

1. Payment is required to be made as under by draft/cheque payable in Lucknow drawn in favour of “The Richmond Fellowship Society (India) Lucknow Branch.”

Half Way Home (Residential Facility)			
a.	Processing Fee	Rs. 500	To be given along with Admission Form.
b.	Trial Stay (For Seven Days)	Rs.1500/- Single occupancy Rs.1000/= Double occupancy (2 persons in a room)	Charges on Daily Basis
c.	Associate Membership to be taken up by parent/guardian	Rs. 1,000	Onetime payment on admission.
d.	Refundable deposit	Rs. 30,000	One time deposit on admission returnable after discharge of patient and clearance of dues.
e.	Monthly Charges for food, accommodation	Rs. 25,000 Single occupancy Rs. 17,000 Double occupancy (2 persons in a room)	Payment to be made before 5 th of every month.
f.	Pocket Money	Minimum Rs. 500 Actual amount to paid depending on the expenditure done	For Extra eatables, Toiletries, etc. (To be paid Monthly)
g.	Medicines	Additional	Entire amount to be paid depending on the medication being given.
h.	Pathological tests	Additional	Depend on the tests required.
i.	Charges on Daily Basis	Rs.1500/- Single occupancy Rs.1000/= Double occupancy (2 persons in a room)	Along with Associate Membership (1000) and Registration Fee (500)
NOTE: FEES NOT REFUNDABLE			

Fee structure would be reviewed periodically and would be revised, if considered necessary. Irrespective of the rates mentioned above, the fees will be charged at rates prevalent at the time of payment.

Expenses for Hospitalization if required elsewhere for emergency physical problems will be the responsibility of the parent/guardian.

Failure to meet the financial obligations will result in the resident being given notice to leave.

2. The fact that the resident member is temporarily in the care of the Richmond Fellowship Society (India) offers no protection under law. Illegal acts including attempted or actual suicide while as a resident are subject to legal action and the Fellowship accepts no responsibility for the same.

The centre will take all precautions that no member leaves the premises uninformed but in the event of resident member walking out without permission or missing from Halfway Home premises, the Fellowship will inform the police and the family/guardian at the earliest possible and the centre shall not be held responsible in case of any eventuality.

3. The stay will be for a minimum period required to make the individual independent. The maximum period of stay is 18 months. Requests for an extension of stay may be granted, if considered necessary and feasible.
4. Resident members are required to follow all the General Rules and Regulations of the house. The resident member shall be discharged immediately in case of violence against self/others, damage to property, use of illegal drugs, engaging in sexual activities in the house and any other acts which are illegal or constitute serious indiscipline.
5. It is the responsibility of the family to have a Psychiatric Consultation (monthly/as advised) of the resident member. If the family is unable to take the resident member for consultation under unavoidable circumstances, the Fellowship may take the member to the psychiatrist. In such cases, expenses towards to and fro transportation, charges for deputing clinical and other staff and incidental expenses will be payable by the family.
6. The Richmond Fellowship Society (India) reserves the right to modify terms and conditions which would be binding on the part of the applicant/parent/guardian/local guardian and person responsible for making payments to the Fellowship.

DECLARATION & ACCEPTANCE

We hereby declare that all of the information given by us in the application form is true and accurate. In the event of any information given by us is found inaccurate, the Fellowship will have the right to discharge the member immediately after intimating us.

We have read and understood all terms and conditions and hereby confirm our acceptance.

Signature of Applicant :

Name :

Date :

Signature of Parent :

Name :

Date :

Signature of Local Guardian :

Name :

Date :

Signature of Person responsible for payments:

Name :

Date :

For Information of families

Criteria for admission

1. Patient is recommended by a psychiatrist for admission to Halfway Home.
2. Age should be between 18-50 years.
3. Person seeking admission must fall into category of person suffering from Schizophrenia/Affective disorders/any other chronic mental illness.
4. Patients with the following disorders will not be admitted
 - a) Current drug or alcohol abuse
 - b) Serious organic brain disorders
 - c) Moderate to severe mental retardation
 - d) Severe anti-social problems
 - e) Serious physical disability
 - f) Prone to causing injury to self and others
 - g) Communicable disease or transmissible problem which can affect others
 - h) Serious or chronic physical illness
5. Prospective member must have
 - a. Complete family co-operation
 - b. Financial security
 - c. A local guardian (if parents located outside Lucknow)
 - d. Willingness to take their prescribed medication
 - e. A commitment to stay at 'NAV-UDAY' and participate in program and activities.

Rules for Halfway Home

1. Members must take an active part in the life of the community and house program unless exempted by Management of Halfway Home on the basis Medical grounds. They must follow instructions given by Management/Counselors.
2. Allotment of specific rooms/beds will be decided by the Management. Rooms/beds may also be changed as and when considered necessary.
3. Members must keep their rooms neat and clean. They must not fill the room with unwanted and unnecessary material.
4. Members shall not enter other members' rooms without their permission. Visiting rooms of members of opposite sex is not allowed unless accompanied by the Management/Counselors.
5. Members will not leave the house without permission from staff on duty.
6. All main meals would be taken in the Dining Hall along with other members at the prescribed time. Members are not allowed to enter kitchen unless accompanied by staff.

7. Members must not cause damage to property. Any losses on this account would be recoverable from the member/person responsible for making payments to the Fellowship.
8. Valuable articles must not be kept in rooms. In case of theft or loss of such items, the management shall bear no responsibility.
9. Medication shall be taken as prescribed. Any changes in medication must be in consultation with the Psychiatrist. Initially, clinical staff will administer medication. Thereafter, clinical staff will monitor the member's compliance with psychiatrist's prescription.
10. Members must inform their Counselors/Management any ailments/problems, as soon as they occur so that timely treatment is carried out.
11. There would be no violence against self/others.
12. Use of illegal drugs and alcohol is strictly prohibited.
13. Smoking is not allowed on the premises, as smoking in public in public places including Health Care facilities, has been banned by the Government. Any violation may lead to action as prescribed in law. The concerned member shall be solely responsible for fines/actions arising out of violation.
14. Purchase from Pocket money for personal needs will normally be made once a week subject to availability of balance in the account of member.
15. All telephone calls will be recorded in the register provided for the purpose. Telephone calls can be made at the prescribed timings only. Member will not be permitted to keep Mobile phones with them.
16. Any member guilty of misconduct, indecent behaviour, breach of rules, showing disrespect to authority and causing nuisance to other members and staff may be asked to leave the house.
17. Family members and Care givers may visit their wards on weekends/public holidays at prescribed time, preferably with prior intimation. For meeting on weekdays Management may be consulted regarding the timing so that activity schedule of member is not affected.
Persons other than members of family and care givers are generally not allowed to visit members without specific permission of the Management or the person authorized by him.
18. The Richmond Fellowship Society (India) reserves the right to modify existing rules, frame additional rules or issue directions from time to time which shall be adhered to.

Articles to be brought by the residents who come for trial stay/Admission Clothing:

- 4-5 Sets of ordinary clothing (to wear for every day activity), 2 sets of clothing for functions/ outings.
- Night dress.
- 6 Sets of undergarments.
- Sweater/Jacket (for winter).

- Handkerchiefs, Towels.

Toiletries:

- Bathing soap.
- Washing soap/detergent powder.
- Tooth brush & Tooth paste.
- Nail cutter.
- Comb, hair oil, shampoo etc.
- Moisturizer cream, face cream, talcum powder.
- Shaving kit (for men).
- 1 pair of shoes & chappals.
- Sanitary pads (for female)

Medicines:

- The psychiatric medication of latest prescription are to be purchased (till the next psychiatric consultation) by the family members when they come for trial stay.
- All the previous test reports need to be given to the staff at the time of trial stay.
- Hand over the original psychiatric prescription to the staff.
- Medical prescription need to be given if it is available.

IMPORTANT:

Resident should not keep the following things:

- Valuable articles such as jewellery, cameras, expensive watches, audio/visual equipments, mobile phones.
- Cash/important documents, e.g. passbook, passport etc.- if brought must be deposited with the administrative officer.
- All medicines to be deposited with the staff.
- Certain blood test need to be done at the time of trial stay but if test is done within the duration of 3 months it need not to be repeated.

Basic investigations for trial stay residents at Half Way Home

- Blood sugar – Fasting & Post-prandial, Urea, Creatinine
- TLC/DLC, ESR
- Hb%
- Lipid profile
- Liver Function Test (LFT)
- T3, T4, TSH
- Urine – Albumin, Sugar, Microscopic examination
If on Lithium, Serum Lithium levels to be checked (12 hours after last dose) if not done in previous 2 months
If age > 40 years, with history of smoking, then get Chest X-Ray and ECG
If history of alcohol use, get Liver ultrasound

